Alaska Interagency Training Nomination

Submit one nomination form for each class. Nominees must meet National prerequisites for each NWCG-sanctioned courses. See Alaska Interagency Training Bulletin for recommended or suggested prerequisites for other courses.

PART 1: Course Information

Course Name : _____

Course Date(s) : _____

Course Location (city): _____

Part 2: Registration

Nominee's Name(s)	Employee ID#	Working Job Title	Office	Priority	Host Use Only
				1	
				2	
				3	
				4	
				5	
				6	
				7	
				8	
				9	
				10	
				11	
				12	
				13	
				14	
				15	
				16	
				17	

Note: Employee ID# will be either a social security number or for those in the IQCS system it will be the 11 digit employee id number on your Incident Qualification card.

If more space is needed, attach separate sheets to the back of this form. Please use the same format for the nominations.

Part 3: Certification

I certify that the above-named persons meet all of the NWCG and/or agency prerequisites for this course, or will complete those requirements before taking this class.

_____   _____
Signature of nominating official   Date